

CALL for EXEMPLARY and INNOVATIVE PRACTICES in RESPITE CARE for ALL AGES

1. Welcome to the Call for Exemplary and Innovative Practices in Respite Care for All Ages

The ARCH National Respite Network and Resource Center is seeking exemplary and innovative respite care programs and services** from across the nation. For purposes of this application, respite care is defined as "*planned or emergency care provided to a child or adult with special needs in order to provide temporary relief to family caregivers who are caring for that child or adult.*" At this time, we are seeking innovative or exemplary practices for provision of direct respite services only, not for Lifespan Respite initiatives, which are defined as "coordinated systems of community-based respite for family caregivers of children or adults regardless of special need."

We wish to learn more about respite services that are evidence based, that appear promising, or that are trying new service models and have some preliminary data or plan to collect data that demonstrate benefits to caregivers, care recipients, and family systems.

We are also looking for respite services that address some challenging aspect of respite care, such as reaching rural or military family caregivers, individuals with mental health and/or behavioral issues, or adults with disabilities and chronic conditions, for example.

ARCH is also seeking respite services that use outstanding or innovative approaches to enhancing access to respite or improving quality of services and address questions, such as:

- Does the respite service attract and retain highly qualified respite providers or volunteers?
- Does the respite service offer ongoing and reliable care or address gaps in service options by providing overnight or extended respite?
- Does the respite service help utilize a caregiver's natural family and community supports or provide inclusive activities in the community that are enjoyable or meaningful for the care recipient?
- Does the respite service collect caregiver/care recipient/family outcome data that describe improved well-being and ability to remain at home (beyond just service satisfaction)?
- Does the respite service help family caregivers plan to make the most of their respite time by engaging in activities most meaningful to them?

These questions are meant only to suggest examples of what might be considered exemplary or innovative and are not meant to be limiting descriptors of innovative or exemplary practices. We welcome creativity!

The application checklist that follows was designed to help us identify real life "best practice" respite care services. We plan to use the information we gather:

- in a national on-line data base of programs and services;
- to inform national training and technical assistance; and
- in publications about respite care.

This information will also be used to advocate for new respite services, enhance existing services, and move toward evidence-based practices.

We invite you to nominate your service if you believe it is strong overall, or if it has real areas of strength that you wish to share with others. If selected, your services will be recognized as a model for replication and highlighted on the ARCH website. Before you proceed with the application, make sure you meet the following minimum criteria. We expect all nominated services to:

1. have been in operation for at least a year;
2. have a written program operations manual or guidelines that you would be willing to share with ARCH if selected as an exemplary or innovative respite service;
3. have a written plan or logic model for measuring performance. The written plan may be as simple as identification of the outcomes you plan to measure and how you plan to measure them. (It is not necessary to have completed a logic model or formal evaluation at the time you complete this application.)

If your respite service meets the above criteria, we invite you to nominate your respite service by completing the application checklist. The information you provide will be reviewed by a selection committee. If your respite service is selected as a possible exemplary or innovative service, ARCH will get back to you for more information before final determinations are made.

If you are completing a hard copy of this application, you may send the completed form back electronically to Susan Summers at the email address below, fax it to ARCH at 703-256-0541 or mail it to ARCH at 4016 Oxford Street, Annandale, VA 22003.

If you need more information about nominating your program, or assistance in completing the application checklist, please contact:

Susan Janko Summers, ARCH Consultant
cssummers@earthlink.net

****In the respite care field, the terms "program" and "service" are often used interchangeably or inconsistently. "Program" more commonly infers a comprehensive approach to family caregiver support that might include a respite component. For purposes of this application, we will use the term respite "services" rather than respite "program" to differentiate it from more comprehensive family support or family caregiver programs with multiple components. The respite service you nominate may be part of a comprehensive family caregiver or family support "program" or a stand-alone respite service.**

2. The ARCH Respite Care Checklist for Exemplary Services

Contact Information

* 1. Please provide the following contact information.

Name and Title	<input type="text"/>
Organization/Program	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

2. If available, please provide the URL for your program or service's website.

3. Services

Please describe the respite services you provide, the eligibility criteria, and the frequency of services.

* 1. Please specify the type(s) of respite service you provide. Please check all that apply.

- In-home
- Out-of-home
- Respite provided primarily by volunteers
- Respite provided primarily by paid professional caregivers (e.g., trained respite providers, skilled nursing, home health aides, CNAs)
- Respite involving a faith community
- Voucher respite (Vouchers are payment for respite services chose by the caregiver and/or care recipient.)
- Participant or consumer-directed respite (i.e., caregiver and/or care recipient selects their own respite providers)
- Emergency respite
- Overnight or extended stay respite
- Other (please specify)

* 2. Please provide more detail about the respite services you offer. Be sure to share enough information to allow someone who is new to your services to envision what services are like. If your program offers a variety of services, please be sure to describe the respite component in detail and its importance to the program as a whole.

* 3. Eligibility for services is based on (please check all that apply):

- Income
- Age
- Disability or condition
- Health
- Geographic area
- Other (please specify)

* 4. Please select the option that best describes how frequently families are offered or are able to use respite services that you provide.

- One-time only
- Once per week
- Multiple times per week
- Once per month
- Multiple times per month
- 1-4 times per year
- 4 or more times per year
- Other (please specify)

* 5. Please select the option that best describes how frequently families are offered or are able to use vouchers that you provide to help them pay for respite.

- One-time only
- Weekly
- Monthly
- Quarterly
- N/A, we don't offer vouchers.
- Other (please specify)

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4. What makes your respite services exemplary or innovative?

In this section, we are seeking elements we envision would be very desirable for an exemplary or innovative respite service to have. However, these questions are not meant to be exhaustive of every possible aspect or component of an innovative or exemplary respite service, nor would we expect you to address all of these possible exemplary practices. If you have additional elements that you think make your respite services exemplary, please describe briefly in Q.9. If your respite service is selected as a possible exemplary or innovative service, ARCH will ask for additional information.

* 1. Are your services person- and family-centered?

Definitions of person- and family-centered:

According to the Administration for Community Living (ACL): "Person-centered planning is a process directed by the person with LTSS needs. The person-centered planning approach identifies the person's strengths, goals, preferences, needs (medical and HCBS), and desired outcomes. The role of staff, family, and other team members is to enable and assist the person to identify and access a unique mix of paid and unpaid services to meet their needs, and to provide support during planning and implementation."

According to the AARP Public Policy Institute: "Person- and family-centered care is an orientation to the delivery of health care and supportive services that addresses an individual's needs, goals, preferences, cultural tradition, family situation, and values. Person- and family-centered care can improve care and quality of life by its focus on how services are delivered from the perspective of the older adult and, when appropriate, his or her family. Person- and family-centered care both recognizes and supports the role of family caregivers, who often are critical sources of support for older adults with chronic or disabling conditions."

* 2. Do you provide informational and educational outreach to families and clients?

* 3. Are your services and outreach culturally responsive to those from diverse backgrounds?

4. Do you involve consumers in program-related activities such as planning and evaluation?

* 5. Do you help family caregivers identify natural or informal supports found within their own families or communities that they can utilize for respite?

* 6. Are your respite services inclusive of both individuals with and without disabilities or do you utilize inclusive opportunities in the community as respite?

* 7. Do your respite services take an intergenerational approach (are services provided in settings that serve multiple age groups or utilize different generations as respite providers, e.g. seniors to provide respite for children with disabilities, teens to provide respite for individuals with dementia)?

* 8. Do your respite services provide counsel or guidance to family caregivers to help them plan how they will use their respite time to engage in activities most meaningful to them?

* 9. If you include another practice in the provision of your respite services that you think is exemplary or innovative, please describe here. In not, please respond "none."

5. Populations Served

* 1. What ages do you serve? (Please check all that apply.)

- Birth to 6 yrs
- 6-17 yrs
- 18-59 yrs
- 60+ yrs
- Other age subsets (e.g. 0-3, 18-25, 55+. etc.)

* 2. Please specify the disability or condition of the care recipients you serve. (Please check all that apply).

- Intellectual or developmental disability
- Physical disability
- Aging related
- Alzheimer's disease or other dementias
- Mental health or behavioral condition
- Chronic illness or special medical need
- Other

* 3. Do you primarily serve any of the following populations?

- Rural
- Military or Veteran
- Lesbian/Gay/Bisexual/Transgender
- Diverse ethnic or other cultural group
- We serve multiple population groups
- Other (please specify)

6. Personnel

* 1. What personal qualities, education and experience do you look for in paid staff and volunteers? If this question does not pertain to your respite services, please respond N/A

* 2. Do you require or provide training for respite paid staff and/or volunteers?

- YES
- NO
- N/A

* 3. Do your respite services attract AND retain highly qualified paid respite providers or volunteers?

- YES
- NO
- N/A

* 4. Please describe any personal characteristics, situations, or licensing requirements that would exclude someone from being hired or from volunteering. If this question does not pertain to your respite services, please respond N/A.

7. Performance Measurement

Please check all of the items below for which you regularly collect data:

* 1. Process Outcomes:

- Inventory of care recipient service needs
- Caregiver assessment of needs
- Inventory of services provided
- Number of recipients served
- Number of respite hours provided
- No process outcome data collected
- Other (please specify).

* 2. Caregiver/Care Recipient/Family Outcomes:

- Care recipient satisfaction
- Caregiver satisfaction
- Care recipient well-being (e.g., stress levels, health status, quality of relationships)
- Caregiver well-being (e.g., stress levels, health status, quality of relationships)
- Caregiver's ability to continue to provide care at home
- Care recipient's ability to continue to live at home
- No caregiver/care recipient or family outcome data collected
- Other (please specify)

* 3. Cost Outcomes:

- Program start-up costs
- Outreach costs
- Service delivery costs
- Staff and volunteer training and technical assistance costs
- Evaluation costs
- No cost outcome data collected.
- Other (please specify)

* 4. Please describe any other measures you may use to make sure your program is working well, to document successes, or to monitor costs. If you do not use any additional measures, please indicate "none."

A large, empty rectangular box with a thin black border, intended for the user to provide details about additional measures used for program monitoring and documentation.

8. Partners

* 1. Who are your key respite service partners? If you do not have key service partners, please respond N/A.

* 2. Please describe key program and/or service partnership activities. If not applicable, please respond N/A.

9. Sustainability and Future Plans

* 1. What things do you do to make sure your program or service is stable and sustainable over time? If none, please indicate.

* 2. Please describe plans (If you have them) to modify or replicate your program, or plans to adapt or translate your program for other populations. If none, please indicate.

10. Publications and other Accomplishments

* 1. What paper or electronic publications (such as newsletters, website or journal articles) has your program produced? If none, please indicate.

* 2. What important lessons have you learned that might benefit others?

* 3. What accomplishments are you and your co-workers most proud of?

* 4. What aspect(s) of your respite services make it an outstanding example of a respite service?